Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Democratic Party		Date of This Filing05/20/2019	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 741666		Report No. LCR 190520		For Official Use Only
STREET ADDRESS			Amendment to Report No.	Page 1 of 3	
CITY Sacramento		ZIP CODE 95811	(explain below) No. of Pages3		
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/16/2019	ICM Partners LOS ANGELES, CA 90067	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,991.83
05/17/2019	California Professional Firefighters PAC Sacramento, CA 95833-3633 ID# 744058	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$6,413.67
05/17/2019	Dignity CA SEIU Local 2015 Los Angeles, CA 90057 ID# 1357256	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$527.55

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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CITY Sacramento	STATE CA	ZIP CODE 95811	(explain below) No. of Pages3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/17/2019	Service Employees International Union California State Council Sacramento, CA 95814 ID# 1372681	☐ IND ■ COM □ OTH □ PTY □ SCC		\$175.85
05/17/2019	United Talent Agency, Inc. BEVERY HILLS, CA 90210	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$7,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

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STREET ADDRESS CITY STATE ZIP CODE Sacramento CA 95811		Amendment to Report No (explain below) No. of Pages3	Page 3 of 3		
Late Contribution	(s) Made	No. of Fages			
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC